

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10760549

CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   | —                        |
| INDEPENDENT CLAIMS               | minus 3 =    | —                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 150.00 | OR BASIC FEE | 300.00 |
| X\$ 25 =  |        | OR X\$50 =   |        |
| X100 =    |        | OR X200 =    |        |
| +180 =    |        | OR +360 =    |        |
| TOTAL     |        | OR TOTAL     |        |

OTHER THAN  
SMALL ENTITY

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|  | (Column 1) | (Column 2)                                | (Column 3)                                       |
|--|------------|---|--|
| AMENDMENT A                                    | 7-1505     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR      |
| Total  | *          | 2   | Minus      ** 20      = <input type="checkbox"/> |
| Independent                                    | *          | 2   | Minus      *** 3      = <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |   | <input type="checkbox"/>                         |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE   | RATE                | ADDI-<br>TIONAL<br>FEE   |
|------------------|--------------------------|---------------------|--------------------------|
| X\$ 25 =         |                          | OR X\$50 =          |                          |
| X100 =           |                          | OR X200 =           |                          |
| +180 =           |                          | OR +360 =           |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> | OR TOTAL ADDIT. FEE | <input type="checkbox"/> |

|  | (Column 1) | (Column 2)                                | (Column 3)                                  |
|--|------------|---|---|
| AMENDMENT B                                    |            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | *          | Minus                                     | ** =  |
| Independent                                    | *          | Minus                                     | *** =                                       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |   | <input type="checkbox"/>                    |

| RATE             | ADDI-<br>TIONAL<br>FEE   | RATE                | ADDI-<br>TIONAL<br>FEE   |
|------------------|--------------------------|---------------------|--------------------------|
| X\$ 25 =         |                          | OR X\$50 =          |                          |
| X100 =           |                          | OR X200 =           |                          |
| +180 =           |                          | OR +360 =           |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> | OR TOTAL ADDIT. FEE | <input type="checkbox"/> |

|  | (Column 1) | (Column 2)                                | (Column 3)                                  |
|--|------------|---|---|
| AMENDMENT C                                    |            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total  | *          | Minus                                     | ** =  |
| Independent                                    | *          | Minus                                     | *** =                                       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |   | <input type="checkbox"/>                    |

| RATE             | ADDI-<br>TIONAL<br>FEE   | RATE                | ADDI-<br>TIONAL<br>FEE   |
|------------------|--------------------------|---------------------|--------------------------|
| X\$ 25 =         |                          | OR X\$50 =          |                          |
| X100 =           |                          | OR X200 =           |                          |
| +180 =           |                          | OR +360 =           |                          |
| TOTAL ADDIT. FEE | <input type="checkbox"/> | OR TOTAL ADDIT. FEE | <input type="checkbox"/> |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10760.549

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 4            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 4 minus 20 = | * ✓                      |
| INDEPENDENT CLAIMS               | 2 minus 3 =  | * ✓                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |      |                |
|--|----------------------------------|--------------------------|------------------------------------|---------------|------|----------------|
|  |                                  |                          |                                    |               | RATE | ADDITIONAL FEE |
| Total  | * 4                              | Minus                    | ** 20                              | = ✓           |      |                |
| Independent                                    | * 2                              | Minus                    | *** 3                              | = ✓           |      |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/> |                                    |               |      |                |

SMALL ENTITY  
TYPE

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18=    |        |
| X86=      |        |
| +290=     |        |
| TOTAL     | 770    |

SMALL ENTITY OR OTHER THAN  
OTHER THAN  
OR SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X\$ 9=           |                | X\$18=           |                |
| X43=             |                | X86=             |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |      |                |
|--|----------------------------------|--------------------------|------------------------------------|---------------|------|----------------|
|  |                                  |                          |                                    |               | RATE | ADDITIONAL FEE |
| Total  | * Minus                          | **                       | =                                  |               |      |                |
| Independent                                    | * Minus                          | ***                      | =                                  |               |      |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/> |                                    |               |      |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |      |                |
|--|----------------------------------|--------------------------|------------------------------------|---------------|------|----------------|
|  |                                  |                          |                                    |               | RATE | ADDITIONAL FEE |
| Total  | * Minus                          | **                       | =                                  |               |      |                |
| Independent                                    | * Minus                          | ***                      | =                                  |               |      |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/> |                                    |               |      |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.